U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 655	2. Fiscal Year Covered From:			
,	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Joel Zielke	Name Steamfitters Local #601			
	Labor Organization File Number 036-231			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 3300 S. 103rd Street	Street 3300 S. 103rd Street			
City Milwaukee	City Milwaukee			
State Wisconsin ZIP Code + 4 53227-4111	State Wisconsin ZIP Code + 4 53227-4111			
5. Position in labor organization. Business Agent				

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

	:			
A. Held an interest in, engaged in transactions (including loans) with, or o monetary value from an employer whose employees your organization	derived income or other economic benefit of on represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street				
City				
State State ZIP Code + 4				
Signature				

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

On 8/03/2005

414-543-0601

te Telephone Number

Name of Person Filing Joel Zielke	oel Zielke			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Building Trades United Pension Trust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 530, Rm. 300 Street 500 Elm Grove Road City Elm Grove State Wisconsin ZIP Code + 4 53122-0530	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	Pension Plan Trusto 11.b. Approximate dollar valu 12.a. Nature of interest heke Educational Conference Board: 9/1/04 - \$32.41 12/7/04 - \$38.00	e of such dealing. \$0		
	12.b. Amount.	\$69		
C Described from any and the control of the control		Valadisvilana vin and amerikansina vina mahamahansina vini sa		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any). Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

JOEL ZIELKE STEAMFITTERS LOCAL 601 ATTACHMENT TO FORM LM-30

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

Signature Signature

Date

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